

QUARTERLY REPORT

For Participant Licensee

IMPAIRED PRACTITIONER PROGRAM

Department of Public Health
Bureau of Professional Licensure
Lucas State Office Bldg., 5th Floor, 321 E. 12th Street
Des Moines, Iowa 50319-0075
515/242-6385

Quarterly reports are due by January 20th,
April 20th, July 20th and October 20th

Licensee Name:	Employer:
Address:	Work Phone:
Home Phone:	
Cell:	<input type="checkbox"/> Check if any of the information provided has changed since last reported.
E-Mail:	

Does your contract require your meeting with a:

Psychiatrist:
 Yes No If yes, please list meeting dates since last report:

Therapist/Aftercare Provider:
 Yes No If yes, please list meeting dates since last report:

Worksite Monitor: Yes No

IPRC requires your worksite monitor be another professionally licensed individual with whom you have daily contact unless otherwise approved by the IPRC.

Please provide detailed information below. Note any significant changes or events since your last report. If you need additional space, please feel free to use the back of this sheet or attach additional sheets. Please remember that any changes to your Contract/Recovery Program Description must have prior approval of the IPRC.

Since the last quarterly report have you:

1. Been arrested, charged with or convicted of any violation of federal or state statutes or city or county ordinances, or been disciplined by a state licensing agency or board?

Yes - Please explain:

No

2. Been arrested, charged or convicted of any federal or state law pertaining to furnishing or using of narcotics or drugs?

Yes - Please explain:

No

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3. Been sanctioned by a hospital, health care facility, or insurer?

Yes - Please explain

No

4. Taken or used any controlled or prescription drugs?

Yes - Please explain:

No

5. Consumed any alcohol?

Yes - Please explain:

No

6. Had any problems securing or maintaining employment or hospital privileges?

Yes - Please explain:

No

7. Complied with each condition of your Recovery Contract?

Yes - Please explain:

No

8. Please describe how you feel your recovery/rehabilitation program is progressing, particularly making note of any issues, events, changes, etc. that have assisted or posed any obstacle to your recovery.

I hereby submit this Quarterly Report as specified in my Impaired Practitioner Program Contract with the Impaired Practitioner Review Committee. I declare under penalty of perjury under the laws of the State of Iowa that I have read the foregoing report in its entirety and know its contents and that all statements provided are true in every respect, and I understand that misstatements, false information, or omissions of material fact may be cause for a report to be made to my licensure board which could result in formal disciplinary action.

Signature of Licensee Participant

Date